

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-015828

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 172 Primary Registration District No. 4273 Registrar's No. 36

FILED MAY 15 1962

1. PLACE OF DEATH

a. COUNTY

LAFAYETTE

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN FREEDOM

Length of stay in lb
10 min

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 1 1/4 Mi East Concordia, Mo

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

ST. LOUIS

c. CITY
OR TOWN

ST. LOUIS

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS

5729 G. HIGHLAND

Reside on farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

JERRY

A.

GRAY

4. DATE OF DEATH

Month

Day

Year

MAY

6

1962

5. SEX

MALE

6. COLOR OR RACE

NEGRO

7. Married

Never Married ☐

Widowed ☐

Divorced ☒

8. DATE OF BIRTH

JAN. 7, 1923

9. AGE (last birthday)

29

10. IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

TREE TRIMMER

10b. KIND OF BUSINESS OR INDUSTRY

CITY FOREST DEPT

11. BIRTHPLACE (City and state or country)

UNKNOWN

12. CITIZEN OF WHAT COUNTRY

U.S. a

13a. FATHER'S NAME

ALBERT GRAY

13b. MOTHER'S MAIDEN NAME

FRANCIS HIGHLEY

14. NAME OF HUSBAND OR WIFE

LOUISE GRAY

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

From RECORDS IN BILL FORM AND

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Basal Skull Fracture

INTERVAL BETWEEN ONSET AND DEATH

Immediate

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

One Car Accident on W 40th Highway

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Motor car wreck. Head pinned under car

20c. TIME OF INJURY

Hour 6 AM Month, Day, Year 5-6-62

20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Concordia Lafayette Co

COUNTY

STATE

21. I attended the deceased from

after death

to

6A

and last saw him alive on

never

Death occurred at

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

W E Martin

22b. ADDRESS

Olessa Inn

22c. DATE SIGNED

5-6-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

MAY 8, 1962

23c. NAME OF CEMETERY OR CREMATORY

WASHINGTON

23d. LOCATION (City, town, or county)

ST. LOUIS

(State)

Mo

24. FUNERAL DIRECTOR

E. S. Jann

ADDRESS

Concordia, Mo

25. DATE RECD. BY LOCAL REG.

5-9-1962

26. REGISTRAR'S SIGNATURE

Lutie Gordon Jordan

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 16 1962

JUN 29 1962
JUL 24 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by me, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed E. S. James

Licensed Embalmer No. 2058

P. O. Address Concordia, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.